Rate Floor Data

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ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA		RESPONSE	
1	Carrier Study Area	Code		6 numeric digits	442117	——————————————————————————————————————
2	Carrier Study Area	Carrier Study Area Name		alpha characters	CenturyTel-Port	Aransas
3	Service Provider Identification Number			9 numeric digits	143002447	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	921
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	
9	\$ 5.85	NA	\$ 0.22	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of C	officer as to the Accuracy of the Data Reported	for the Rate Floor Data
I certify that I am an officer of the repo reported ; and, to the best of my know	orting carrier; my responsibilities include ensuring the addledge, the information reported on this form is accurate.	ccuracy of the actual rate floor data
Name of Reporting Carrier: CenturyTel of Port	Aransas, Inc. d/b/a CenturyLink	
Signature of authorized officer:	200	Date blacky
Printed name of authorized officer: David D. Cole		
Title or position of authorized officer: Executive Vio	ce President of Operations Support and Controller	
Telephone number of authorized officer: (318) 38	· · · · · · · · · · · · · · · · · · ·	
Study Area Code of Reporting Carrier	401705 Filing Due Date for this form	7/1/2014
A4.		